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ABSTRACT

The report describes Michigan's services to handicapped children provided under the Division of Services to Crippled Children of the Michigan Department of Public Health. The Crippled Children's Program (CCP) focuses on prevention, casefunding, diagnosis, medical care and treatment, and health care management. The program initiated the Locally Based Services Project to provide local program representation, assessment for services, and case management. The Supplemental Security Income-Disabled Children Program (SSI-DCP) services children under 16 who are eligible on Supplemental Security Income and show evidence of a severe physical, emotional, or mental handicapping condition. Individual service plans specify annual goals and measurable objectives. The Area Child Amputee Center provides multidisciplinary professional services to children with congenital limb deficiencies and children with acquired amputations. Characteristics of the SSI-DCP and CCP are listed for comparison of eligibility criteria, determination procedures, and benefits and coverage. A summary of services (prevention, casefinding, medical care and treatment, program representation, assessment for services, case management, and transportation) is followed by a review of program administration, funding, and medical care and treatment expenditures. Appended material includes statistical information on expenditures and diagnoses. (CL)

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HEALTH SERVICES FOR MICHIGAN'S CRIPPLED CHILDREN

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MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Division of Services to Crippled Children

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DIVISION OF SERVICES TO CRIPPLED CHILDREN

1981-1982, 1982-1983, 1983-1984

STATE OF MICHIGAN

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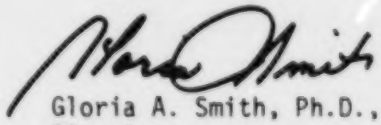
FOREWORD

Today, as at its inception in 1927, the Division of Services to Crippled Children (DSCC) is committed to removing barriers to appropriate care so that all children with handicaps may grow and develop to their full potential.

This report provides information on how services delivered through the DSCC during the most recent three years have sought to achieve the goal that each handicapped child in Michigan can grow and develop to his or her potential capacity for health, education, and self-support. The efforts to strengthen the delivery of services for handicapped children also are described. Specifically, during the time period covered by this report, integration of programs at the state level and improvement of services at the local level has been initiated.

The Department expresses its sincere gratitude to local health departments, hospitals, physicians, other providers of care, the Legislature and the Executive Office for their commitment and cooperation in serving Michigan's handicapped children. The challenge to public health is to prevent the occurrence of handicapping conditions and promote optimal functioning for the child and family.



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EXECUTIVE SUMMARY

Handicapped children have a right to the best quality of life possible. They should be given every opportunity to develop to their maximum potential for health, for education, for self-support and for self-fulfillment. Michigan's Division of Services to Crippled Children is dedicated to these goals. They will be reached only when physical, social, psychological and economic barriers are eliminated to the extent possible and full access to appropriate services is assured.

The Division of Services to Crippled Children of the Michigan Department of Public Health supports activities along the entire continuum of care which prevent the actual occurrence, interrupt or terminate the progress of, and reduce the impact of handicapping conditions. The Crippled Children Program, Supplemental Security Income - Disabled Children Program and Area Child Amputee Center are three major programs within the Division. During the period covered by this report integration of the first two programs has been initiated in a locally based services project with local health departments.

CRIPPLED CHILDREN PROGRAM

The organizational functions of this program are carried out at the local, regional and state level. The major service areas include prevention, case-finding, diagnosis, medical care and treatment and health care management.

Preventive services include the Michigan Genetic Services Program, neonatal intensive care programs in hospitals and locally arranged otology clinics throughout the state. A variety of sources contribute to the casefinding efforts, with referrals received from physicians, public health nurses, hospitals, and families.

Free diagnostic evaluation services are offered to all Michigan children with a suspected handicapping condition. Over 15,000 children are evaluated each year at hospital clinics, program-sponsored field clinics and other approved sites.

Treatment services are provided for all children who are medically and financially eligible. The program assists families by assuming all, or part of, the cost of related treatment for the handicapping condition, recognizing that the high cost of care often creates an economic barrier to these important services. The program annually assists children who live in all 83 counties of the state. Care is provided by over 3,000 professionals of whom 1,500 are specialty-trained physicians. The hospitals, clinics, specialty centers and physician specialists must be approved to deliver care. Michigan is fortunate to have highly-qualified individuals throughout the spectrum of our specialty health care system and delivery of these services by a multidisciplinary-team approach is often the optimal way to meet the complex needs of handicapped children. The health care management of individual cases is essential to promote quality care and maximize coordination of services. This service is provided by staff in regional offices and local health agencies.

Resources to support these services to handicapped children are gained from several sources. The state of Michigan provided almost 60 percent of the funds. The other major sources were federal funds, i.e., Medicaid (Title XIX) and Crippled Children Services (Title V), followed by donations and repayments. Expenditures for medical care and treatment increased from 17.1 million dollars in 1981-82 to 28 million dollars in 1983-84. Children with disabling conditions in 17 diagnostic groups received assistance. Patients within two of those groups, congenital anomalies and diseases of newborn, consumed 52 percent of these expenditures.

SUPPLEMENTAL SECURITY INCOME-DISABLED CHILDREN'S PROGRAM

The Supplemental Security Income-Disabled Children's Program focuses on children under age 16 who are eligible for Supplemental Security Income and show evidence of a severe physical, emotional or mental handicapping condition. An individual service plan is developed for each child which describes the evaluation of total needs relative to the medical, psycho-social, habilitative/rehabilitative, educational and developmental areas. The individual service plan includes annual goals and measurable objectives related to strengths and weaknesses in each of these areas. This approach is being adapted for use in the Locally Based Services Project where health professionals conduct assessment of families' needs for service and provide case management services when indicated.

AREA CHILD AMPUTEE CENTER

The Area Child Amputee Center, located in Grand Rapids, is supported by state and federal funds. It provides expert multidisciplinary professional services to children with congenital skeletal limb deficiencies and to children with acquired amputations resulting from disease or trauma. The Center has functioned since 1955 and is considered a project of regional and national significance by the U.S. Department of Health and Human Services. It has gained national recognition for its expertise with children having multi-limb deficiencies. The Amputee Center team offers specialized diagnostic, treatment and rehabilitative services to children from birth to age 21.

THE LOCALLY BASED SERVICES PROJECT

Strengthening services at the local level is a priority plan adopted by the Division. Initiated with ten local health departments in FY 83-4, the Locally Based Services Project ultimately is to become statewide. The feature of this project is to make available assessment for services and case management (when indicated) by a health professional.

The geographic location of the Locally Based Services Program and Supplemental Security Income-Disabled Children's Program agreements in 1983-4 is shown on the map on page v, along with the location of regional offices and their boundaries. The number of children provided treatment in 1983-4 is shown for each county. A comparison of program characteristics is provided on page vi.

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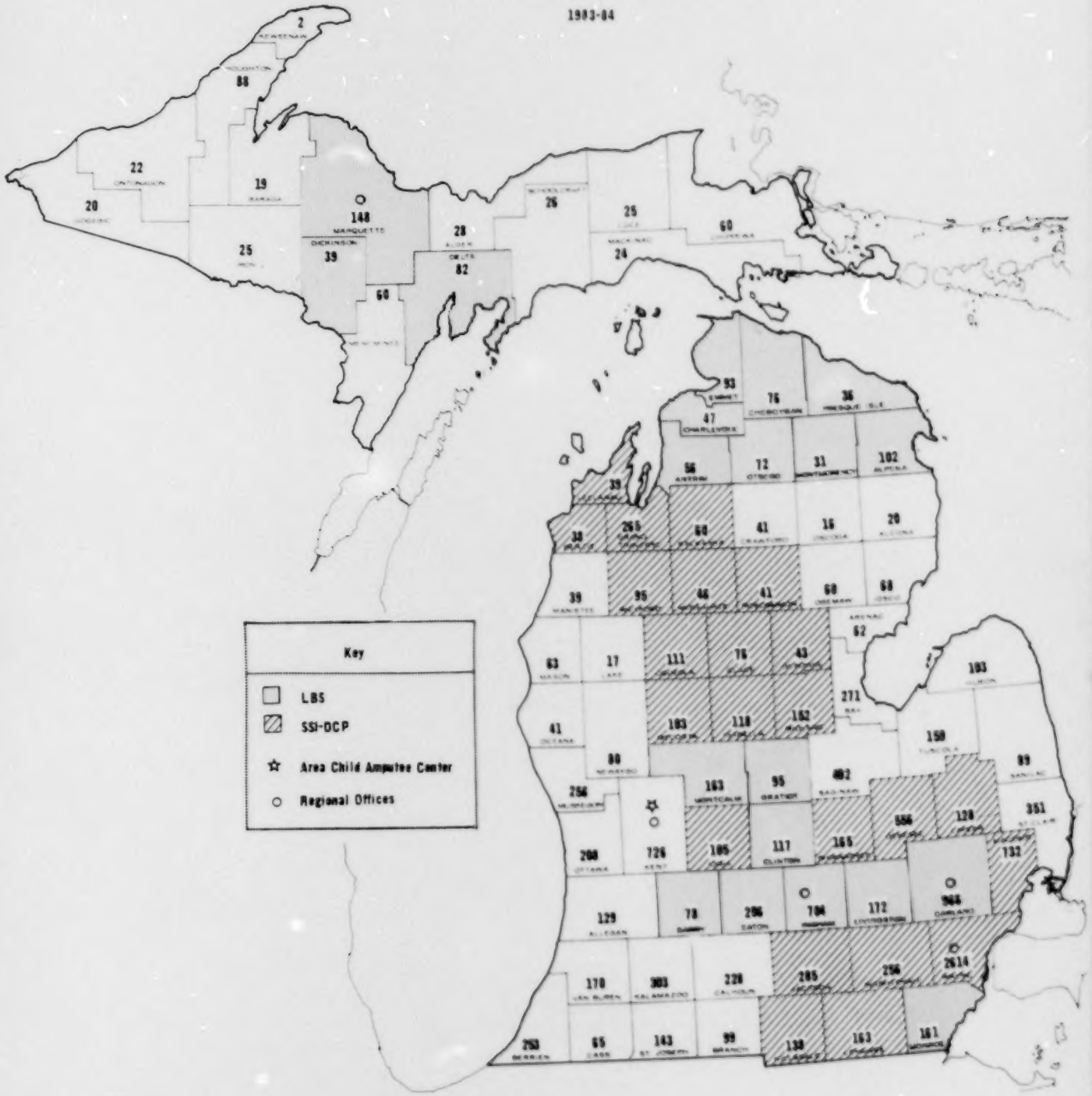
DIVISION of SERVICES to CRIPPLED CHILDREN

1983-84



MAJOR CHARACTERISTICS
OF SSI-DCP AND CCP

SSI - DCP	CCP
Eligibility Criteria:	Eligibility Criteria:
Age: Under 16.	Age: Under 21. Note: Through a special authorization, individuals age 21 and over with CF and coagulation defects are CCP eligible.
Disability: Severe physically, emotionally or mentally handicapping conditions.	Medical: Severe physically handicapping conditions.
Financial: Income ceiling.	Financial: 1) No arbitrary income ceiling; 2) Medicaid, wardship, and certain adoptions render automatic eligibility; 3) scale for higher income eligibility by client payment contracts.
Determination Procedures:	Determination Procedures:
Medical eligibility determined by Disability Determination Service, financial eligibility determined by Social Security Administration.	Both medical eligibility and financial participation determined by DSCC Regional Office.
Financial eligibility determined first, then medical.	Medical eligibility determined first, then financial.
Medical redeterminations depend on the type of disability and date of initial decision.	Medical eligibility and financial participation redetermined annually.
Benefits and Coverage:	Benefits and Coverage:
All recipients receive Medicaid.	Medical Care and Treatment services are covered only when care is related to handicapping condition.
Recipients receive a monthly subsistence money grant (mostly Federal money, small state supplement).	Recipients do not directly receive money.
Medical care is reimbursed for any Medicaid-enrolled provider.	Medical care is only reimbursed for services rendered by DSCC - approved providers, or services recommended/ ordered by the DSCC - approved specialist and only as related to the CCP qualifying condition.

THE DIVISION OF SERVICES TO CRIPPLED CHILDREN

Handicapped children have a right to develop to their maximum potential for health, education, self-support, and fulfillment. The Division of Services to Crippled Children (DSCC) is dedicated to these goals which may be reached only when physical, social, emotional, and economic barriers are eliminated, to the extent possible, and full access to appropriate services is assured.

POPULATIONS SERVED

The programs administered by the DSCC focus on:

- Persons under age 21 defined under Section 5801, Part 58, Act 368 of 1978 who meet medical and financial eligibility requirements.
- Persons over age 21 with cystic fibrosis or hereditary coagulation defects.
- Persons under 16 who are eligible for Supplementary Security Income (SSI) and have 1) demonstrated financial need; and 2) evidence of a severe physical, emotional, or mental handicapping condition.
- The severely handicapped multi-limb amputee for whom necessary sophisticated treatment services are not available in their city or state. These highly specialized services are provided at the Area Child Amputee Center, Grand Rapids, Michigan.

The commitment to enable all children with handicaps to grow and develop to their full potential led to a program review within DSCC in the fall of 1982. Two of the recommendations deriving from that review were (1) integration of the Crippled Childrens Program (CCP) and the Supplemental Security Income - Disabled Childrens Program (SSI-DCP); and 2) strengthening services at the local level. Having received priority attention, these two recommendations formed the basis for DSCC to plan to make available locally based services to the combined CCP and SSI-DCP populations.

To provide local program representation, assessment for services, and case management (when indicated) DSCC initiated the Locally Based Services Project (LBS) during 1984. Designed to become statewide, LBS was first implemented through contracts with 10 local health departments. These 10 departments represent 20 counties in Michigan, 5 of them being multi-county, District Health Departments. Since the contracting agency for LBS is the local health department and its Board of Health or Board of Commissioners, LBS will henceforth be referenced by Health Department rather than individual counties.

The legal authority, eligibility criteria, and entitlements are somewhat different for the CCP and SSI-DCP. Conversely, some children are dually eligible for both. Due to the separate legal authority for these programs, some of the distinctions must be retained pertaining to the types of eligible conditions and the sources of funds for coverage of medical care. The appendix provides a synopsis of the characteristics of the two programs, CCP and SSI-DCP.

Eligibility for the Crippled Children Program

A "crippled child" refers to a single or married individual under 21 years of age whose activity is or may become so restricted by disease or deformity as to reduce normal capacity for education and self-support. Once a potential CCP recipient has been located, the eligibility determination process begins. In addition to residency/citizenship requirements, the program uses two eligibility criteria: medical and financial.

Medical eligibility is always determined first and is based on information received from medical providers. The Regional Medical Coordinator is responsible for the medical eligibility determination giving consideration to several factors, specifically: the type of condition; severity of the condition; and long-term effects of the condition on the child and his or her family. Each case is evaluated individually based on these factors as documented in the medical reports. Some diagnoses, such as diabetes and asthma, are only eligible for CCP in their most severe conditions.

The Crippled Children program covers physical conditions that require care by medical or surgical specialists and are handicapping in nature. These conditions include, but are not limited to:

- amputation
- birth defects
- cerebral palsy
- hearing pathology
- cleft palate and cleft lip
- myelodysplasia
- medical and surgical eye conditions
- muscular dystrophy
- certain heart conditions
- epilepsy and other neurologic disorders
- paralysis/spinal injuries
- cystic fibrosis and other chronic lung diseases
- limb deformities
- hemophilia
- neonatal disease

By special legislative mandate, medical care and treatment is also provided for eligible persons over age 21 with cystic fibrosis, and over age 21 with hereditary coagulation defects (hemophilia).

Once medical eligibility is established, there is an evaluation of the family's financial resources. Financial eligibility is automatically approved if the potential recipient is: receiving Medicaid; or a ward of the county, state, or a private child placement agency; or adopted, where the handicapping condition existed prior to the final adoption. If a family is not automatically eligible, financial participation by the client is determined on the basis of gross income (minus four specific allowable expenses) and family size. According to the payment schedule established by DSCC, families are required to share in the cost of their child's care through a payment agreement with the State of Michigan. These families pay an agreed upon, established amount, which may be adjusted if the family's financial situation changes during the eligibility period.

Both medical eligibility and financial participation are redetermined annually by DSCC.

Eligibility for the SSI-Disabled Children's Program

Supplemental Security Income (SSI) is a federal program of financial assistance for disabled or blind persons who have a low or moderate income or whose families receive public assistance. It is administered by the Social Security Administration (SSA). To be eligible for the Supplemental Security Income - Disabled Children's Program, (SSI-DCP) a child must be under the age of 16 and eligible for SSI on the basis of the child's financial resources and a demonstrated severe physical, mental, or emotional impairment. The disability must be of such severity as to significantly affect the child's age - appropriate growth and development and have lasted, or be expected to last 12 months, or to result in death. Thus, evidence as to the extent or degree of impairment, in addition to evidence as to the diagnosis, is required to make a disability decision. While income and resources for SSI are reviewed annually by SSA, review of disability factors for SSI continuing eligibility depends on the nature of the condition and the applicant's age.

The Disability Determination Service (the agency within the Michigan Department of Education which makes disability determinations for SSI) refers all SSI-eligible children under the age of 16 to DSCC. These children are thereby entitled to receive DSCC services and may also be concurrently eligible for the Crippled Childrens Program coverage.

SERVICES

Children with handicaps require comprehensive care from a variety of sources, including services to address health and medical needs, psychosocial, developmental, rehabilitative, and educational needs. There are many obstacles to the appropriate delivery of care to meet these wide ranging needs. The burden on these children and families includes financial stress, physical pain and/or discomfort, emotional stress, social stigma, and the frustrations of finding a consistent network of support. For the low income family, these problems are compounded by the added stress imposed by the economic situation.

The Division of Services to Crippled Children provides a range of services to children with handicaps, and to their families. Services support the goals of prevention, early diagnosis, comprehensive assessment, medical care and treatment, and management of services to meet identified needs. DSCC services are provided by a variety of health professionals, and in various settings, including inpatient and outpatient hospital care, specialty clinics, home nursing care, and long term nursing home care. The Locally Based Services program affects both the scope of DSCC services and the way some services are provided. Since statewide implementation has not been realized at the time of this publication, reference to these distinctions is made in the following service descriptions, as appropriate.

Prevention

Prevention services focus on a broad range of activities, the purpose of which is to decrease the incidence of preventable handicapping conditions and to safeguard against the development of secondary complications or additional handicaps. Some examples of primary prevention services supported by DSCC are genetics clinics for screening and counseling; screening of newborns for specific conditions, such as phenylketonuria (PKU) and galactosemia; and scoliosis screening. Habilitative and rehabilitative services (known as secondary and tertiary prevention) are promoted to prevent disability arising from failure to completely and adequately treat a known or suspected handicapping condition.

Casefinding

Handicapped children need expert care if they are to achieve their maximum potential. Accordingly, DSCC is empowered and required by law to locate and serve those persons under 21 in need of health services for crippling or potentially crippling conditions.

Early detection of handicapping conditions is most effective and cost efficient since it allows for a thorough evaluation and appropriate treatment planning, timed so that the child can receive maximum benefit. Because many conditions progress rapidly, early detection is imperative in order to cure or lessen the effects of the handicapping condition. DSCC uses three major casefinding methods: the diagnostic referral system, field clinics, and direct referrals.

a) Diagnostic referral system: Any child suspected of having a handicapping condition (which would qualify him/her medically for the Crippled Children Program) may have a diagnostic evaluation, from a DSCC approved clinic or specialist. These are provided free of charge, except that insurance coverage will be billed.

   Referral for a diagnostic evaluation may be initiated by any local DSCC representative. Where Locally Based Service agreements are in place, a local health department public health nurse may approve the diagnostic referral. Currently in all other counties, the referral must be prior authorized by the DSCC regional office.

   Diagnostic evaluations are usually performed in outpatient hospital based specialty clinics. Currently, over 60 hospitals in Michigan have outpatient specialty clinics which are approved for CCP diagnostic services. Occasionally, referral to a clinic is not practical. For example, if a DSCC approved clinic is not within a 60 mile radius of the child's residence, a diagnostic evaluation may be authorized in a DSCC approved physician's office. In addition, there are certain types of evaluations which may appropriately be authorized in a physician's office, due to the unique diagnostic equipment requirements of a given specialty (e.g., opthalmology, otology, neurology, and pediatric allergy).

When the diagnostic evaluation has been completed, the physician or clinic forwards the results to the DSCC regional office, where a decision regarding medical eligibility for the Crippled Children Program is made.

b) Field Clinics: DSCC sponsors specialty clinics in order to provide expert diagnostic services in geographic areas where specialty medical service is not ordinarily available. Since they are diagnostic in nature, the services of these clinics are available without charge to the family, except for billing to third party coverage when it is available. Physician specialists from other areas of the state are brought in to provide the medical services. Nursing and other necessary assistance is usually provided by the local health department and hospital where the clinics are operated.

Through cooperative arrangements, DSCC also has become involved in field clinics organized by the Michigan Genetic Service Program, the Michigan State University Hemophilia Clinic and the Hearing and Speech Section in the Division of Maternal and Child Health of the Michigan Department of Public Health.

Medical information from a field clinic evaluation is forwarded to the DSCC regional office for a decision regarding medical eligibility for the Crippled Children Program.

c) Direct referrals: A large number of children are already under the care of a physician when a handicapping condition is diagnosed, or when the family's circumstances change so that they need assistance with the cost of medical care and treatment. A physician may make a direct referral to the Crippled Children Program by submitting medical information on the "Medical Eligibility Request Form." As long as the physician is qualified to tender the given diagnosis, this form is accepted for the purpose of determining medical eligibility. If medical eligibility cannot be confirmed on the basis of the report, a diagnostic referral to a DSCC-approved provider is appropriate. Hospitals may also make direct referrals on the same form.

Casefinding for persons eligible for DSCC services also includes receiving referrals from the Disability Determination Service (DDS) of persons who are eligible for Supplemental Security Income (SSI) under the SSI-Disabled Children's Program. These children and their families may receive assessment and management services from either public health nurses in LBS counties or by SSI Field Coordinators in other areas. In addition, referrals of persons determined to be ineligible for SSI are reviewed for potential medical eligibility for the Crippled Children Program. In these cases the DSCC regional office contacts the family to secure permission for follow-up by the local health department.

Medical Care and Treatment

Each year many children are born with severe handicapping congenital anomalies, and there are other children who acquire physical handicaps as a result of disease or trauma. Some handicapping conditions are amenable to short-term treatment; others require long-term, complex care. Most require a wide range of services, such as hospital care, surgical intervention, home nursing, and medical supplies and equipment.

A major aspect of the DSCC service is to assist in the payment of medical care and treatment for persons who are enrolled in the Crippled Children Program. (Persons eligible for the SSI-Disabled Children's Program have their medical care costs covered by Medicaid.)

See Tables IV, V, and VI for CCP expenditures by diagnostic groups, the leading groups of conditions, and the leading individual conditions, respectively, for medical care and treatment provided in the three most recent years.

During the course of treatment, each case is monitored with the goal of ensuring that the child gets the best and most appropriate health care available. Monitoring of cases includes the authorization of additional providers when necessary, prior approval of certain services and equipment, and referrals to other resources to meet special needs.

In its efforts to assure quality care, the DSCC approves hospitals for the care of handicapped children and enrolls specialty physicians for the provision of medical care. An approved hospital must have a pediatric unit under the supervision of a pediatrician, be staffed by nurses experienced in pediatrics, and provide appropriate support services. The hospital must also have additional pediatric specialists approved by the program on its staff. Each hospital's approval is limited to specific inpatient and outpatient services. Physicians are approved based on their board eligibility or certification in appropriate specialties and their having staff privileges at CC approved hospitals.

Program Representation

Program representation refers to those activities which characterize a locally-based presence for DSCC. The goals are to assure that all eligible children will be identified and enrolled for DSCC services, and that the community and participants are well informed of the program. Many of the activities associated with program representation have been historically carried out by local health departments, other service agencies, and members of the provider community, in addition to the activities of the DSCC regional offices. This service is an integral part of the LBS project and should be effective in more areas of the state as the number of local health departments in the project expands during 1985.

The activities of Program Representation include:

a) Continued education of the enrolled families, service providers and the community, in order to increase awareness and understanding of DSCC services;

b) Coordination with agencies who serve the handicapped population in order to achieve efficient systems for casefinding, referral and service delivery to eligible children;

c) Assuring that medical evaluations are conducted on potentially handicapped children so that medical eligibility may be determined by DSCC;

d) Public relation activities to increase visibility, support, and participation in programs serving handicapped children;

e) Serving as a resource for the family in resolving processing and procedural problems and questions.

Assessment for Services

The traditional philosophy of DSCC has been that children with handicaps have a right to every opportunity for developing their individual potential for physical, intellectual, social, spiritual, and economic independence and self-fulfillment. Basic to the achievement of that individual potential is assessment of the child's and family's needs for specific services and enabling them to access these services. Parents may need considerable support. The more complex the child's handicapping condition, the more complex (and, frequently, confusing) is the service system which surrounds the family.

The SSI-DCP and the LBS Project provide DSCC with a vehicle for reaching out to families in a way which goes beyond assistance with the cost of care and treatment. Through the local health department (or an SSI-DCP contract agency) the family has an opportunity to meet with a qualified professional for the purpose of identifying service needs which the child/family may have. Associated activities include:

a) Collection of information in the following areas: financial, social, emotional, physical health and developmental/educational;

b) Interpretation of the information by a qualified professional in order to identify appropriate interventions related to service needs;

c) Initiation of needed services, including:

- provision of basic information regarding available services;
- referral to appropriate resources, with concurrence of the family;
- referral for DSCC case management services.

Case Management

The variety of problems confronting the family of a severely impaired child typically are how to manage the complicated care needs of the child, e.g. accessing services, providing daily care, meeting costs of care, and how to maintain stability in the family unit. These can become overwhelming demands. Assisting families to become competent managers of their child's complicated care needs, with attention to the whole child/family unit, facilitates early decision-making which can successfully promote optimal growth and development for each child with severe impairments.

Clearly, not every child/family is in need of "management", and the duration of case management services is dependent upon individual circumstances.

The goals of DSCC case management are:

a) To strengthen or supplement the capability of the child and family to cope with the handicapping condition and its effect on the family unit;

b) To secure the most appropriate services for the child and family, based upon their individual needs;

c) To assist the child/family to assume independent management.

Activities of DSCC case management include:

a) Clarifying the goals of planned intervention;

b) Providing the family with information about available services and options for care, service rights and entitlements;

c) Preparing the family for referrals to appropriate resources;

d) Coordinating services, establishing common goals, and identifying responsibilities for the provision of specified services;

e) Representing the family when necessary in negotiations to obtain necessary services (including ongoing case management services) by the most appropriate provider;

f) Assisting the family in developing skills in problem identification, exploration of alternatives and decision making.

While public health nurses have carried out this role for many years, there have been many children and families in need of such services and no corresponding expectation and availability of such services statewide. Through the Locally Based Services Project, these services are being extended to more children and families.

Transportation

Recognizing that accessibility of health care is sometimes limited by distance and travel requirements, DSCC authorizes payment to assist with transportation costs in those instances where no other resources are available to the family. The regional office staff receive families' applications for transportation assistance. The determination of travel costs to be authorized to transport children to their approved providers for medical care and treatment is based on the family's overall needs and resources.

PROGRAM ADMINISTRATION

The Division of Services to Crippled Children is organizationally located in the Bureau of Health Promotion/Disease Prevention of the Michigan Department of Public Health.

Regional Offices

Located in Detroit, Grand Rapids, Lansing, Marquette, and Pontiac, the regional offices serve as the primary point in organizing the delivery of services for the recipients. They are responsible for: approving medical eligibility; determining financial eligibility and client payment contracts; making prior-approval determinations for certain services, appliances or equipment; maintaining case records; and communicating with providers, local health departments, and other agencies. Professionals in the regional offices also provide consultation services to the Medical Services Administration of the Michigan Department of Social Services for authorization of speech, hearing and vision services.

These offices are also directly involved in providing in-service training and in monitoring the delivery of services. During FY 83-4, the consultation role of regional offices was expanded to include technical assistance in the implementation of the Locally Based Services contracts.

Central Office

The Central Office provides overall executive direction for the program and fiscal management and policy development.

Professional consultant services are provided from the Central Office to regional office staff and to health care providers. The consultants are also responsible for staffing assistance to Task Forces convened for developing standards of care and other quality assurances, and for advocating improved service coordination among state agencies and the specialty care providers.

Program and fiscal management includes use of data systems for identification and enrollment of the children, and for the purchase of medical care and treatment for the recipients. Through an agreement with the Michigan Department of Social Services, the Medical Services Administration as fiscal intermediary makes payments to providers for DSCC covered and authorized medical services through its Invoice Processing System.

The Central Office also administers a variety of contractual service arrangements.

Area Child Amputee Center

The Area Child Amputee Center, located at Mary Free Bed Hospital in Grand Rapids is supported by state funds and receives a federal grant which is administered by the DSCC. The Amputee Center offers specialized diagnostic, treatment and rehabilitative services to limb-deficient children from birth to age twenty-one both from within and outside of Michigan. These children have congenital limb deficiencies or amputations acquired as the result of disease or trauma. The team approach is emphasized at the Amputee Center which is nationally recognized for its expertise with children having multi-limb deficiencies. Each child is seen and evaluated by the orthopedic surgeon in charge, an occupational therapist, a physical therapist, a nurse clinician, a social worker, and a skilled limb maker.

The Amputee Center is also funded for applied clinical studies and continuing education to medical and allied health personnel.

Contract Agencies for the SSI-Disabled Children's Program

The SSI-DCP has previously been administered as a separate categorical program (as it was originally established and funded at the federal level). It has been implemented via contracts with local agencies, whose responsibility has been the assurance of comprehensive services to SSI-eligible children under age seven. The inclusion of this program in the Maternal and Child Health Block Grant enabled DSCC to consider alternatives for delivering assessment and case management services to this client population. Consequently, as DSCC moves forward with statewide implementation of LBS, merging the SSI-DCP with the CCP, the SSI-DCP contracts will be phased out.

Locally Based Services

The DSCC adopted a major shift in FY 83-4 with introduction of the Locally Based Services Project via agreements with local health departments. This expansion of service is in recognition of the impact created in the family when a child is handicapped, and in response to families' needs for local assistance in gaining access to needed health care and other community resources. The description of services in a previous section of this report elaborates upon the three components of LBS: program representation, assessment for services, and case management.

Implementation of the statewide LBS project was planned to occur in three phases, and was initiated with ten local health departments in FY 83-4. Realization of the Phase II and III contracts in succeeding years will bring the project to full statewide scope, making these services available to all children in need of service, wherever they may live in Michigan.

State funding supplemented local support in ten local health department contracts in FY 83-4. Minimally, each department assigned a nurse coordinator and clerk to the effort, with additional public health nursing and other staff as indicated by the respective caseloads.

FUNDING

Several sources of funds support the work of the DSCC. The State of Michigan is the major funding source, along with the Federal government, private donations, and family participation in payment agreements for reimbursement to the state.

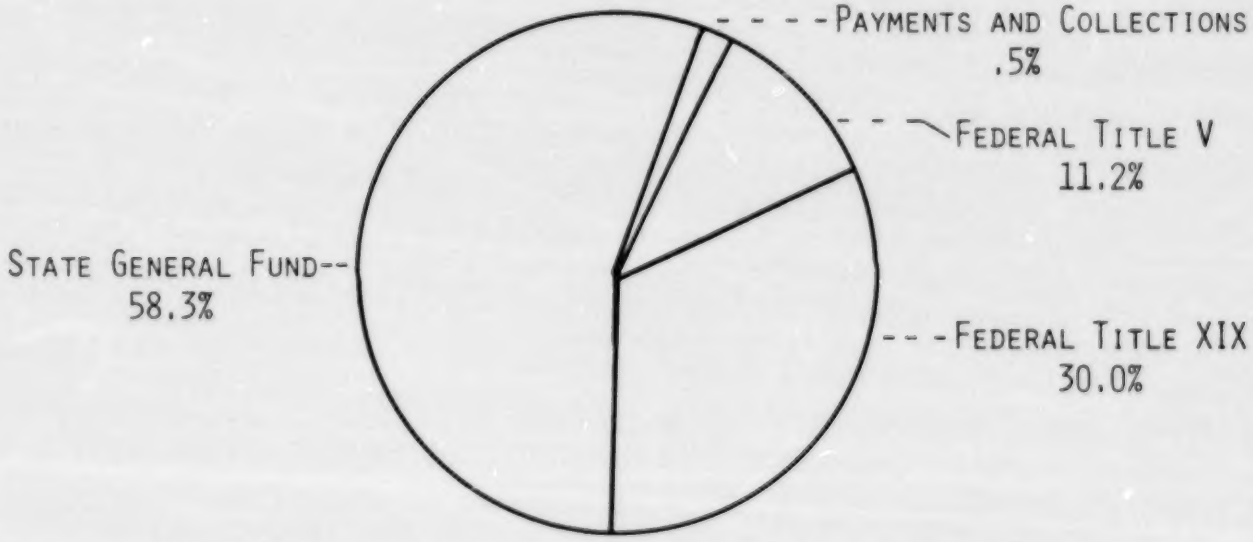
Federal funds for the program are received via the Maternal and Child Health Block Grant. Title V of the Social Security Act of 1935 historically has provided funds to each state for crippled children's services. Medicaid, (Title XIX) funds are designated to the Crippled Children Program for payment of medical care for handicapped children eligible for both Medicaid and the CCP. Another source of federal funds is the grant to the Area Child Amputee Center which is administered by the Division. As noted previously, this Center provides services to Michigan children as well as to children from other states.

The Michigan Crippled Children's Trust Fund is authorized by the Public Health Code. Contributions of money, securities, and personal property may be received, and the income from these is dedicated to meet special needs.

The following chart shows the proportionate sources of funding:

FUNDING BY SOURCE

81/82, 82/83, AND 83/84 FUNDING TOTALS

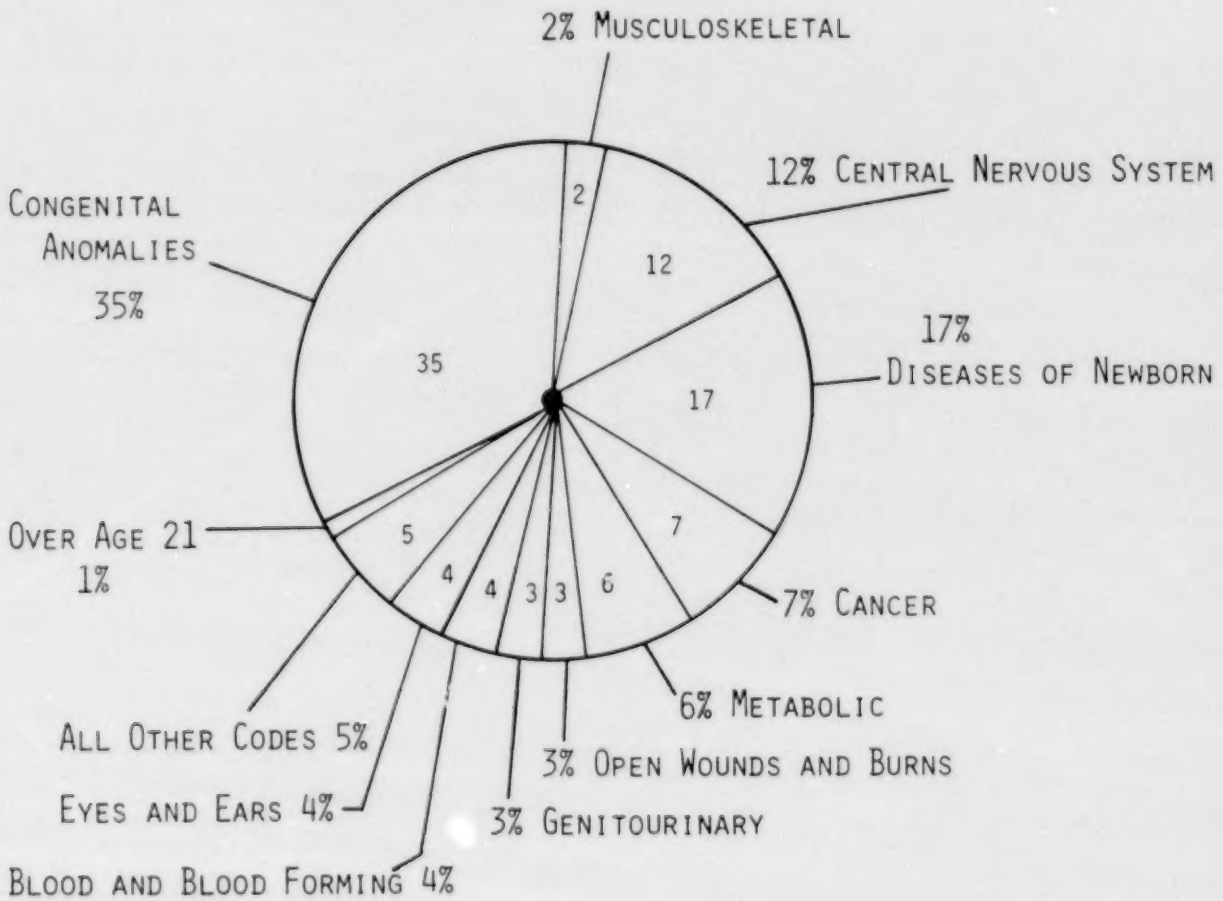


MEDICAL CARE AND TREATMENT EXPENDITURES

The major aspect of DSCC services is to assist in the payment of medical care and treatment for enrolled individuals. The tables which appear in the Appendix provide detailed statistical data on these expenditures, for each of the three fiscal years covered in this report. The chart below summarizes three years' expenditures according to diagnosis groups.

EXPENDITURES BY MAJOR DIAGNOSIS GROUPS

81/82, 82/83, AND 83/84 EXPENDITURE TOTALS



FUTURE DIRECTIONS

The State of Michigan has responded to the needs of handicapped children for over 100 years. In the recent years, there has been an increasing emphasis on improvement of service delivery systems. The integration of two programs and expansion of local services as described in this report mark a period of significant change in the capability of the Division to fulfill its mandate to locate handicapped children and provide for their medical and health care.

Short-Range Goals

The LBS initiative launched in FY 83-4 is targeted for full implementation by FY 85-6. This realization will enhance the availability of professional health services to children in all parts of the state.

Standards of care are particularly important for ensuring that the complex care needs of the handicapped child are fully recognized and that care and treatment are provided as accordingly appropriate. The Division has convened task forces focused on the Myelodysplasia and Ventilator-Dependent populations as the first priority area for standards development. Following final review, protocols which have been developed will be established with the provider community as the expected course of treatment.

The capability to track the course of care for enrolled children is necessary to assure that each receives care in optimal timeliness and from the most suitable providers. An automated information system is currently under development which will provide on-line information in each Regional Office and which will generate summary data reports for management purposes.

In order to determine the most efficient operation of the Division and to design an organizational structure that will best support the purposes of the Division, a major short-term goal is to have a thorough management study conducted by an outside firm. While the conduct of the study is within the context of short-range goals, the resultant organizational adjustments to be pursued may extend into long-range efforts.

Long-Range Goals

To reinforce good care or prevent problems from accumulating, development of a comprehensive quality assurance system is a goal the Division has adopted and initiated. The reference above to establishing standards of care for certain population groups is a first element of the broader quality assurance model. Besides professional standards, other elements of a quality assurance system include written policies and procedures, criteria, records and audit, and reporting and education. The professional consultants will be conducting this activity in cooperation with the provider community.

In conjunction with the recommendations for operations and structure, a third expectation of the management study is identification of the Division's data needs. Reliable data are essential for ongoing evaluation of programs and services and for forecast capability to predict level of need and demand on resources.

These initiatives represent the Division's major foci for the future, in its overall goal of continually seeking the earliest intervention possible to prevent, cure, or minimize the impact of handicapping conditions of children.

APPENDIX

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TABLE I - Distribution by County of Children with Crippling Conditions Registered as of the End of the Three Most Current Respective Fiscal Years

County	Number of Crippled Children on Register			County	Number of Crippled Children on Register		
	9-30-82	9-30-83	9-30-84		9-30-82	9-30-83	9-30-84
TOTALS	61,392	61,890	62,143	Kent	3,658	3,606	3,586
				Keweenaw . . .	14	13	15
				Lake	137	131	125
				Lapeer	325	340	364
Alcona	74	69	68	Leelanau . . .	87	94	101
Alger.	169	168	170				
Allegan . . .	566	572	569				
Alpena	321	327	332	Lenawee . . .	561	566	570
Antrim	156	161	167	Livingston . .	461	485	521
				Luce	121	119	123
				Mackinac . . .	144	144	132
Arenac	127	143	142	Macomb	2,886	2,954	2,956
Baraga	123	117	112				
Barry	283	291	279				
Bay	755	784	794	Manistee . . .	208	205	198
Benzie	119	125	133	Marquette . .	681	720	736
				Mason	261	266	270
				Mecosta . . .	290	305	324
Berrien . . .	1,126	1,107	1,107	Menominee . .	285	295	287
Branch	364	373	369				
Calhoun . . .	1,025	985	989				
Cass	281	280	275	Midland . . .	592	600	612
Charlevoix . .	155	163	180	Missaukee . .	147	149	150
				Monroe	712	692	692
				Montcalm . . .	433	456	486
Cheboygan . .	277	274	279	Montmorency .	57	67	69
Chippewa . . .	304	297	297				
Clare	180	195	203				
Clinton . . .	363	372	385	Muskegon . . .	1,659	1,650	1,595
Crawford . . .	153	162	169	Newaygo . . .	273	273	287
				Oakland . . .	3,599	3,682	3,780
				Oceana	169	158	162
Delta	454	453	440	Ogemaw	161	172	188
Dickinson . .	247	244	247				
Eaton	623	672	686				
Emmet	205	226	248	Ontonagon . .	145	145	142
Genesee . . .	4,867	4,907	4,838	Osceola . . .	275	308	327
				Oscoda	69	69	75
				Otsego	174	184	203
Gladwin . . .	122	135	142	Ottawa	827	837	857
Gogebic . . .	209	195	181				
Grand Traverse	508	569	614				
Gratiot . . .	393	393	395	Presque Isle .	118	127	130
Hillsdale . .	423	438	452	Roscommon . .	124	123	129
				Saginaw . . .	1,295	1,329	1,346
				St. Clair . .	1,150	1,202	1,251
Houghton . . .	359	350	347	St. Joseph . .	407	412	414
Huron	175	199	227				
Ingham	2,654	2,701	2,709				
Ionia	373	382	392	Sanilac . . .	234	245	255
Iosco	183	190	205	Schoolcraft .	136	143	144
				Shiawassee . .	607	615	632
				Tuscola . . .	394	416	451
Iron	158	158	151	Van Buren . .	532	543	570
Isabella . . .	347	372	379				
Jackson . . .	1,231	1,231	1,209				
Kalamazoo . .	1,375	1,355	1,334	Washtenaw . .	835	849	883
Kalkaska . . .	150	160	162	Wayne	13,886	13,605	13,312
				Wexford . . .	286	301	316

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TABLE II - The Reported Diagnosis of Registered Crippled Children

NOTE: These groupings are according to the International Classification of Diseases, 9th Revision Clinical Modification

Diagnosis Groups	9-30-82	9-30-83	9-30-84
TOTAL Children	61,392	61,890	62,143
GROUP I. INFECTIVE AND PARASITIC DISEASES	139	121	114
1. Late effects of Poliomyelitis	80	63	58
2. Late effects of Viral Encephalitis	28	26	25
3. Other Infectious Diseases	31	32	31
GROUP II. NEOPLASMS	1,868	1,978	2,057
4. Malignant Neoplasms	752	800	827
5. Hodgkin's Disease	72	75	76
6. Leukemia	593	623	654
7. Other Malignant Neoplasms	77	88	90
8. Benign Neoplasms	368	392	410
GROUP III. ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	1,640	1,727	1,804
9. Diabetes, Juvenile	269	290	304
10. Nutritional Deficiencies	226	222	216
11. Cystic Fibrosis, Under Age 21	549	561	562
12. Cystic Fibrosis, Age 21 and Over	62	74	90
13. Other Glandular and Metabolic Diseases	534	580	632
GROUP IV. DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS	679	708	746
14. Anemias	360	363	370
15. Hemophilia, Under Age 21	256	253	239
16. Hemophilia, Age 21 and Over	16	32	65
17. Other Diseases of the Blood and Blood Forming Organs	47	60	72
GROUP V. MENTAL DISORDERS	12	14	16
18. Drug Dependence	7	7	7
19. Gilles de la Tourette's Disorder	5	7	9
GROUP VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS	16,334	16,508	16,736
20. Muscular Dystrophy	168	162	154
21. Cerebral Palsy	4,928	4,878	4,800
22. Epilepsy	856	908	956
23. Other Inflammatory Diseases of the Central Nervous System	717	766	801
24. Diseases of the Nerves and Peripheral Ganglia	246	259	266
25. Inflammatory Diseases of the Eye	4,712	4,636	4,563
26. Diseases of the Ear and Mastoid Process	4,707	4,899	5,196

TABLE II - (Continued) The Reported Diagnosis of Registered Crippled Children

Diagnosis Groups	9-30-82	9-30-83	9-30-84
GROUP VII. DISEASES OF THE CIRCULATORY SYSTEM	498	515	516
27. Rheumatic Fever with Heart Involvement	111	101	88
28. Rheumatic Fever without Heart Involvement	77	65	49
29. Other Heart Diseases	234	251	258
30. Other Diseases of the Circulatory System	76	98	121
GROUP VIII. DISEASES OF THE RESPIRATORY SYSTEM	1,087	1,228	1,318
31. Asthma	1,022	1,162	1,255
32. Paralysis of Vocal Cords or Larnyx	15	16	17
33. Other Diseases of the Respiratory System	50	50	46
GROUP IX. DISEASES OF THE DIGESTIVE SYSTEM	397	434	472
34. Diseases of the Digestive System	397	434	472
GROUP X. DISEASES OF THE GENITOURINARY SYSTEM	711	737	738
35. Nephritis and Nephrosis	384	403	403
36. Other Diseases of the Genitourinary System	327	334	335
GROUP XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE	173	167	153
37. Diseases of the Skin and Subcutaneous Tissue	173	167	153
GROUP XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	9,458	8,967	8,443
38. Arthritis and Rheumatism, except Rheumatic Fever	428	434	439
39. Osteomyelitis and Periostitis	34	34	31
40. Osteochondrosis	785	752	708
41. Other Diseases of the Bone	94	76	71
42. Ankylosis of Joint	3	3	1
43. Other Diseases of Joint	404	386	366
44. Other Diseases of the Musculoskeletal System	104	110	104
45. Curvature of the Spine	1,152	1,123	1,112
46. Other Deformities	6,454	6,049	5,611

TABLE II - (Continued) The Reported Diagnosis of Registered Crippled Children

Diagnosis Groups	9-30-82	9-30-83	9-30-84
GROUP XIV. CONGENITAL ANOMALIES	23,748	23,616	23,280
47. Spina Bifida	933	940	915
48. Congenital Hydrocephalus	642	697	742
49. Other Congenital Anomalies of the Nervous System	335	329	345
50. Congenital Anomalies of the Heart	2,190	2,337	2,433
51. Other Congenital Anomalies of the Circulatory System	2,667	2,702	2,694
52. Cleft Palate	1,116	1,068	993
53. Cleft Lip	546	507	483
54. Cleft Palate with Cleft Lip	1,678	1,650	1,631
55. Club Foot, Congenital and Acquired	5,503	5,507	5,458
56. Congenital Dislocation of Hip	1,140	1,107	1,053
57. Congenital Reduction Deformity of Limb	596	604	588
58. Other Congenital Deformity of Upper Limb	164	160	161
59. Other Congenital Deformity of Lower Limb	195	201	201
60. Other Congenital Anomalies	6,043	5,807	5,583
GROUP XV. CERTAIN DISEASES PECULIAR TO NEWBORN INFANTS	2,385	2,763	3,145
61. Respiratory Distress Syndrome	1,578	1,682	1,818
62. Perinatal Chronic Respiratory Disorder	354	462	578
63. Other Diseases	453	619	749
GROUP XVI. SYMPTOMS AND ILL-DEFINED CONDITIONS	275	511	765
64. Sudden Infant Death Syndrome	42	41	40
65. Deferred, Ill-Defined and Provisional Diagnosis	233	470	725
GROUP XVII. INJURY AND POISONING	1,988	1,896	1,840
66. Burns	752	730	715
67. Fractures of Skull, Spine and Trunk	76	72	62
68. Fractures of Upper Limbs	38	35	32
69. Fractures of Lower Limbs	54	47	41
70. Dislocation without Fractures	7	7	7
71. Intracranial Injury Excluding those with Skull Fracture	135	126	123
72. Laceration and Open Wound of Head, Neck and Trunk	128	107	96
73. Laceration and Open Wound of Upper Limb	31	29	28
74. Traumatic Amputation of Thumb, Finger(s), Arm and Hand	102	101	102
75. Traumatic Amputation of Toe(s), Foot or Leg(s)	131	115	113
76. Injury to Nerves and Spinal Cord	80	78	77
77. Other and Unspecified Injuries and Reactions	454	449	444

TABLE III - Expenditures for Medical Care and Treatment Provided Crippled Children by County of Residence

County	Crippled Children Provided Treatment			Care and Treatment Expenditures		
	9-30-82	9-30-83	9-30-84	9-30-82	9-30-83	9-30-84
TOTALS	13,446	13,930	14,638	$17,157,525.36	$22,064,195.29	$28,327,359.93
Alcona	19	18	20	32,131.96	14,870.29	42,166.03
Alger	20	24	28	17,469.82	9,635.30	17,347.00
Allegan . . .	132	121	129	476,618.82	375,253.21	357,163.87
Alpena	105	111	102	122,042.88	130,166.01	127,762.96
Antrim	39	48	56	48,423.94	81,085.81	208,860.90
Arenac	51	60	62	22,932.14	36,148.23	83,202.32
Baraga	18	13	19	8,664.28	40,509.94	22,243.65
Barry	77	78	78	106,542.49	90,277.67	139,033.68
Bay	241	257	271	146,352.60	392,558.35	256,146.62
Benzie	45	36	38	24,449.01	25,716.52	41,041.58
Berrien . . .	236	247	253	396,676.30	501,417.34	577,073.83
Branch	82	88	99	76,728.01	353,374.81	150,331.12
Calhoun . . .	239	235	228	551,784.36	663,977.72	595,125.62
Cass	70	65	65	504,283.74	368,158.70	465,948.44
Charlevoix . .	42	43	47	35,614.51	77,755.16	54,524.96
Cheboygan . .	99	82	76	77,944.33	214,501.82	393,279.05
Chippewa . . .	50	56	60	149,712.48	72,419.20	68,248.02
Clare	51	65	76	149,264.18	149,835.81	162,829.49
Clinton . . .	103	112	117	116,287.44	56,956.66	307,811.63
Crawford . . .	49	37	41	20,560.48	82,096.63	32,024.82
Delta	63	78	82	28,130.44	58,021.25	195,986.85
Dickinson . .	27	35	39	19,391.36	21,918.70	62,919.39
Eaton	203	204	206	126,206.38	154,217.65	164,320.35
Emmet	75	83	93	73,656.97	91,282.21	140,793.43
Genesee . . .	404	493	556	511,470.98	709,661.43	1,496,936.02
Gladwin . . .	41	45	43	18,914.61	76,764.93	59,517.91
Gogebic . . .	27	25	20	10,731.50	3,966.14	26,993.96
Grand Traverse	210	244	265	240,512.73	266,877.02	276,989.33
Gratiot . . .	114	103	95	123,744.89	189,918.58	132,924.15
Hillsdale . .	123	122	138	166,321.79	191,192.59	517,332.58
Houghton . . .	59	75	88	38,867.10	36,502.18	72,782.25
Huron	59	76	103	58,065.72	23,093.28	80,213.41
Ingham	804	762	704	793,646.78	1,359,952.38	973,455.48
Ionia	99	107	105	59,907.64	78,053.86	187,189.02
Iosco	44	57	68	13,689.35	90,536.45	99,805.95
Iron	23	22	25	12,670.07	5,485.46	15,926.87
Isabella . . .	104	102	118	159,344.84	92,103.64	108,432.32
Jackson . . .	246	263	285	311,972.86	313,430.83	368,760.59
Kalamazoo . .	304	308	303	449,683.13	592,107.06	613,316.49
Kalkaska . . .	63	52	60	105,627.18	85,044.12	193,761.89
Kent	720	728	726	903,512.52	772,343.49	1,383,732.49
Keweenaw . . .	6	2	2	576.97	150.61	1,877.38

TABLE III - (Continued) Expenditures for Medical Care and Treatment Provided Crippled Children by County of Residence

County	Crippled Children Provided Treatment			Care and Treatment Expenditures		
	9-30-82	9-30-83	9-30-84	9-30-82	9-30-83	9-30-84
Lake	20	18	17	11,340.85	63,542.17	117,781.99
Lapeer	119	112	128	93,852.51	145,624.37	220,880.64
Leelanau	38	41	39	11,677.31	49,446.85	17,290.97
Lenawee	168	161	163	157,713.62	204,783.19	248,450.93
Livingston	134	142	172	122,140.61	354,706.62	305,863.78
Luce	27	24	25	14,272.80	13,862.25	11,256,44
Mackinac	25	26	24	12,095.79	83,745.43	20,807.60
Macomb	663	718	732	685,950.23	1,032,399.04	1,629,868.74
Manistee	42	46	39	27,841.17	59,220.62	83,025.24
Marquette	115	137	148	83,694.97	138,155.20	269,648.88
Mason	52	62	63	85,872.82	58,854.71	228,356.49
Mecosta	89	89	103	74,422,74	45,264.19	135,823.07
Menominee	41	48	60	87,085.80	90,601.25	118,204.04
Midland	159	150	152	99,855.17	154,963.07	222,434.29
Missaukee	48	45	46	43,842.09	37,434.82	23,321.02
Monroe	139	138	161	128,873.86	166,963.17	191,106.53
Montcalm	113	138	163	49,847.05	118,787.12	151,074.97
Montmorency	19	27	31	22,187.51	57,681.72	9,236.21
Muskegon	265	256	256	331,951.95	346,697.29	668,601.64
Newaygo	65	76	80	50,758.32	75,191.49	114,983.00
Oakland	828	881	966	1,180,982.98	1,737,301.28	1,882,952.41
Oceana	36	38	41	46,999.78	32,215.71	52,015.43
Ogemaw	52	54	60	61,049.17	168,929.35	102,568.99
Ontonagon	15	18	22	7,509.32	4,481.38	53,412.00
Osceola	99	103	111	115,120.30	50,832.74	89,194.38
Oscoda	20	20	16	4,228.75	36,687.17	3,880.36
Otsego	55	56	72	23,175.01	41,652.92	44,524.99
Ottawa	188	186	208	104,981.21	97,872.61	276,185.93
Presque Isle	29	31	36	23,528.75	100,036.81	120,470.25
Roscommon	34	34	41	38,996.67	26,557.64	48,419.31
Saginaw	411	412	402	281,542.72	421,079.91	476,948.22
St. Clair	301	310	351	264,060.71	445,357.83	686,778.92
St. Joseph	144	154	143	75,968.03	250,702.21	451,819.60
Sanilac	67	75	89	46,881.61	41,922.11	70,466.19
Schoolcraft	26	34	26	74,407.21	26,977.45	13,770.42
Shiawassee	145	149	165	113,090.88	176,948.22	141,633.90
Tuscola	123	133	159	130,934.88	134,916.35	111,062.19
Van Buren	177	165	170	803,461.54	496,578.68	877,951.73
Washtenaw	205	216	256	308,576.16	287,999.38	403,751.55
Wayne	2,471	2,527	2,614	3,734,671.12	5,016,042.10	6,315,969.70
Wexford	89	95	95	208,894.56	221,748.04	65,658.89
Unknown	4	3	4	2,057.45	91.79	774.40

TABLE IV - Expenditures by Diagnosis Groups and Conditions for Medical Care and Treatment Provided Crippled Children

Diagnosis Groups and Conditions	9-30-82		9-30-83		9-30-84	
	Cases	Expenditures	Cases	Expenditures	Cases	Expenditures
TOTAL - All Diagnoses	13,446	$17,157,525.36	13,930	$22,064,195.29	14,638	$28,327,359.93
GROUP I. INFECTIVE AND PARASITIC DISEASES	46	28,665.11	35	31,818.13	30	19,273.62
1. Late effects of Poliomyelitis	27	15,724.98	22	12,798.14	19	14,632.98
2. Late effects of Viral Encephalitis	9	8,325.65	6	4,035.05	4	2,580.84
3. Other Infectious Diseases	10	4,614.48	7	14,984.94	7	2,059.80
GROUP II. NEOPLASMS	692	1,045,451.20	712	1,845,486.07	745	1,974,086.58
4. Malignant Neoplasms	269	437,809.45	265	733,545.52	276	607,585.36
5. Hodgkins Disease	29	14,802.69	38	40,432.40	39	33,772.17
6. Leukemia	242	417,660.61	252	745,519.16	266	1,069,910.95
7. Other Malignant Neoplasms	37	32,201.24	44	196,644.17	50	140,510.17
8. Benign Neoplasms	115	142,977.21	113	129,344.82	114	122,307.93
GROUP III. ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	661	957,880.00	715	1,285,183.36	792	1,649,426.18
9. Diabetes, Juvenile	145	160,105.27	161	168,101.94	170	259,726.40
10. Nutritional Deficiencies	26	48,332.14	13	16,557.69	15	82,059.47
11. Cystic Fibrosis, Under Age 21	248	407,470.76	266	714,918.62	266	642,812.22
12. Cystic Fibrosis, Age 21 and Older	62	164,965.69	74	227,791.07	90	407,493.25
13. Other Glandular and Metabolic Diseases	180	177,006.14	201	157,814.04	251	257,334.84
GROUP IV. DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS	218	755,443.12	270	811,543.62	317	1,109,005.78
14. Anemias	84	239,485.80	95	411,439.61	105	412,674.35
15. Hemophilia, Under Age 21	94	461,295.12	110	332,876.28	111	221,120.27
16. Hemophilia, Age 21 and Older	16	16,374.75	32	29,279.90	65	315,423.86
17. Other Diseases of the Blood and Blood Forming Organs	24	38,287.45	33	37,947.83	36	159,787.30
GROUP V. MENTAL DISORDERS	3	382.54	4	205.87	3	221.14
18. Drug Dependence	0	00	0	00	0	00
19. Gilles de la Tourette's Disorder	3	382.54	4	205.87	3	221.14
GROUP VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS	4,792	2,896,223.76	4,870	3,477,872.55	5,065	4,372,979.57
20. Muscular Dystrophy	36	101,135.17	34	71,003.13	36	65,592.00
21. Cerebral Palsy	1,675	1,459,284.71	1,613	1,576,206.96	1,496	2,080,525.96
22. Epilepsy	396	215,890.08	363	252,528.06	384	276,577.10
23. Other Inflammatory Diseases of the Central Nervous System	249	323,063.18	284	519,959.57	419	738,747.43
24. Diseases of the Nerves and Peripheral Ganglia	61	49,569.61	80	175,217.85	73	196,501.23
25. Inflammatory Disease of the Eye	359	97,501.84	348	163,645.30	352	166,816.62
26. Diseases of the Ear and Mastoid Process	2,043	649,779.17	2,148	719,311.68	2,305	848,219.23

TABLE IV - (Continued) Expenditures by Diagnosis Groups and Conditions for Medical Care and Treatment Provided Crippled Children

Diagnosis Groups and Conditions	9-30-82		9-30-83		9-30-84	
	Cases	Expenditures	Cases	Expenditures	Cases	Expenditures
GROUP VII. DISEASES OF THE CIRCULATORY SYSTEM	117	144,471.32	141	444,684.26	171	245,915.28
27. Rheumatic Fever with Heart Involvement	19	20,379.12	22	44,110.07	18	37,786.47
28. Rheumatic Fever without Heart Involvement	1	373.90	1	67.44	0	00.00
29. Other Heart Diseases	68	99,105.30	77	273,365.31	93	86,617.46
30. Other Diseases of the Circulatory System	29	24,613.00	41	127,141.44	60	121,511.35
GROUP VIII. DISEASES OF THE RESPIRATORY SYSTEM	339	265,313.86	432	337,897.53	504	514,339.45
31. Asthma	324	254,579.95	421	372,652.05	496	511,751.04
32. Paralysis of Vocal Cords or Larynx	6	5,356.41	4	404.16	3	153.40
33. Other Diseases of the Respiratory System	9	5,377.50	7	4,841.32	5	2,435.01
GROUP IX. DISEASES OF THE DIGESTIVE SYSTEM	183	263,154.03	207	314,570.56	198	492,684.93
34. Diseases of the Digestive System	183	263,154.03	207	314,570.56	198	492,684.93
GROUP X. DISEASES OF THE GENITOURINARY SYSTEM	192	315,623.05	217	854,563.50	225	627,039.65
35. Nephritis and Nephrosis	129	262,826.36	144	783,256.82	151	530,715.13
36. Other Diseases of the Genitourinary System	63	52,796.69	73	71,306.68	74	96,324.52
GROUP XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE	27	21,620.03	27	17,825.07	31	37,323.43
37. Diseases of the Skin and Subcutaneous Tissue	27	21,620.03	27	17,825.07	31	37,323.43
GROUP XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	707	452,939.49	681	504,665.80	713	604,913.63
38. Arthritis and Rheumatism, except Rheumatic Fever	137	68,105.92	141	175,595.56	157	185,976.56
39. Osteomyelitis and Periostitis	7	14,571.74	7	9,591.15	6	324.49
40. Osteochondrosis	78	28,677.96	85	58,292.12	81	51,135.02
41. Other Diseases of the Bone	15	9,390.76	14	12,177.09	15	22,710.76
42. Ankylosis of Joint	0	00	0	00	0	00
43. Other Diseases of Joint	21	22,413.88	15	5,874.17	16	21,645.30
44. Other Diseases of the Musculoskeletal System	24	18,037.97	26	11,429.88	24	29,659.01
45. Curvature of the Spine	328	252,137.36	309	200,300.69	330	247,334.52
46. Other Deformities	97	39,603.90	84	31,405.14	84	46,127.97

TABLE IV - (Continued) Expenditures by Diagnosis Groups and Conditions for Medical Care and Treatment Provided Crippled Children

Diagnosis Groups and Conditions	9-30-82		9-30-83		9-30-84	
	Cases	Expenditures	Cases	Expenditures	Cases	Expenditures
GROUP XIV. CONGENITAL ANOMALIES	4,447	6,329,583.01	4,497	7,424,500.56	4,502	9,827,795.50
47. Spina Bifida	417	511,592.07	420	846,024.50	434	894,744.20
48. Congenital Hydrocephalus	268	746,973.44	291	850,519.72	297	1,440,947.68
49. Other Congenital Anomalies of the Nervous System	107	72,222.67	85	117,702.06	99	150,120.95
50. Congenital Anomalies of the Heart	606	1,790,607.53	649	1,688,373.19	685	1,932,783.30
51. Other Congenital Anomalies of the Circulatory System	420	877,076.61	434	1,369,052.33	404	1,739,120.19
52. Cleft Palate	252	145,326.59	256	186,078.23	227	175,583.98
53. Cleft Lip	68	39,109.38	68	51,579.67	70	60,699.84
54. Cleft Palate with Cleft Lip	646	458,918.45	653	541,095.15	660	519,313.40
55. Club Foot, Congenital and Acquired	381	204,723.94	379	153,335.69	364	140,836.38
56. Congenital Dislocation of Hip	124	61,214.59	127	146,992.00	104	94,444.50
57. Congenital Reduction Deformity of Limb	218	168,426.64	196	198,152.37	192	192,624.12
58. Other Congenital Deformity of Upper Limb	41	35,225.62	39	50,380.96	30	211,856.35
59. Other Congenital Deformity of Lower Limb	16	13,761.41	17	5,792.87	16	9,937.26
60. Other Congenital Anomalies	883	1,204,404.07	883	1,219,421.82	920	2,264,783.35
GROUP XV. CERTAIN DISEASES PECULIAR TO NEWBORN INFANTS	545	2,938,032.95	592	3,768,363.75	715	5,599,440.77
61. Respiratory Distress Syndrome	201	1,003,718.87	174	1,350,608.01	217	1,879,591.69
62. Perinatal Chronic Respiratory Disorder	104	1,269,859.03	137	1,072,699.70	222	2,567,408.10
63. Other Diseases	240	664,455.05	281	1,345,056.04	276	1,152,440.98
GROUP XVI. SYMPTOMS AND ILL-DEFINED CONDITIONS	156	259,848.97	265	333,490.44	387	655,998.84
64. Sudden Infant Death Syndrome	10	6,654.90	0	00	0	00
65. Deferred, Ill-Defined and Provisional Diagnosis	146	253,194.07	265	333,490.44	387	655,998.84
GROUP XVII. INJURY AND POISONING	321	482,892.92	265	517,524.22	240	596,915.58
66. Burns	104	235,393.61	96	142,650.68	87	287,217.95
67. Fractures of Skull, Spine and Trunk	33	72,001.78	24	277,460.47	20	87,289.14
68. Fractures of Upper Limbs	2	3,032.98	0	00	1	1,825.00
69. Fractures of Lower Limbs	7	875.16	7	10,274.79	5	14,500.04
70. Dislocation without Fracture	1	158.18	0	00	0	00
71. Intracranial Injury Excluding those with Skull Fracture	42	26,135.57	25	23,808.05	19	18,030.75
72. Laceration and Open Wound of Head, Neck and Trunk	5	5,069.48	12	15,068.24	10	14,642.99
73. Laceration and Open Wound of Upper Limb	4	1,603.73	3	1,926.32	4	242.11
74. Traumatic Amputation of Thumb, Finger(s), Arm and Hand	18	25,780.89	18	36,973.96	22	15,605.39
75. Traumatic Amputation of Toe(s), Foot or Leg(s)	57	77,768.17	47	48,918.47	46	49,448.03
76. Injury to Nerves and Spinal Cord	14	18,743.65	13	6,013.02	10	7,985.82
77. Other and Unspecified Injuries and Reactions	34	16,329.72	20	8,430.22	16	100,128.36

TABLE V - Leading Groups of Crippling Conditions of the Children Provided Medical Care and Treatment

During Fiscal Year 1981-1982

Group Identification	Children
Diseases of the Nervous System and Sense Organs	4,792
Congenital Anomalies	4,447
Diseases of the Musculoskeletal System	707
Neoplasms	692
Metabolic Diseases	661
Certain Diseases of Newborn	545
Diseases of the Respiratory System	339
All Others	1,263
TOTAL	13,446

During Fiscal Year 1982-1983

Group Identification	Children
Diseases of the Nervous System and Sense Organs	4,870
Congenital Anomalies	4,497
Metabolic Diseases	715
Neoplasms	712
Diseases of the Musculoskeletal System	681
Certain Diseases of Newborn	592
Diseases of the Respiratory System	432
All Others	1,431
TOTAL	13,930

During Fiscal Year 1983-1984

Group Identification	Children
Diseases of the Nervous System and Sense Organs	5,065
Congenital Anomalies	4,502
Metabolic Diseases	792
Neoplasms	745
Certain Diseases of Newborn	715
Diseases of the Musculoskeletal System	713
Diseases of the Respiratory System	504
All Others	1,602
TOTAL	14,638

TABLE VI - Leading Crippling Conditions of the Children Provided Medical Care and Treatment

During Fiscal Year 1981-1982

Crippling Condition	Children
Diseases of the Ear and Mastoid Process	2,043
Cerebral Palsy	1,675
Congenital Anomalies of the Heart and Circulatory System	1,026
Cleft Lip, Cleft Palate, and both	966
Malignant Neoplasms	577
Spina Bifida	417
Epilepsy	396
Club Foot, Congenital and Acquired	381
Curvature of the Spine	328

During Fiscal Year 1982-1983

Crippling Condition	Children
Diseases of the Ear and Mastoid Process	2,148
Cerebral Palsy	1,613
Congenital Anomalies of the Heart and Circulatory System	1,083
Cleft Lip, Cleft Palate, and both	977
Malignant Neoplasms	599
Asthma	421
Spina Bifida	420
Club Foot, Congenital and Acquired	379
Epilepsy	363

During Fiscal Year 1983-1984

Crippling Condition	Children
Diseases of the Ear and Mastoid Process	2,305
Cerebral Palsy	1,496
Congenital Anomalies of Heart and Circulatory System	1,089
Cleft Lip, Cleft Palate, and both	957
Malignant Neoplasms	631
Asthma	496
Spina Bifida	434
Epilepsy	384
Club Foot, Congenital and Acquired	364
Cystic Fibrosis	356